

**Improving Fetal Alcohol Spectrum
Disorders Prevention and Practice
through National Partnerships**

CDC-RFA-DD14-1403

**National Center on Birth Defects and
Developmental Disabilities**

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Contents

Part I. Overview Information	2
A. Federal Agency Name	2
B. Funding Opportunity Title.....	2
D. Agency Funding Opportunity Number	2
E. Catalog of Federal Domestic Assistance (CFDA) Number	2
F. Dates	2
G. Executive Summary.....	2
Part II. Full Text	3
A. Funding Opportunity Description	3
B. Award Information.....	25
C. Eligibility Information.....	25
D. Application and Submission Information.....	27
E. Application Review Information	36
F. Award Administration Information.....	38
G. Agency Contacts.....	43
H. Other Information.....	44
I. Glossary.....	44

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to CDC-RFA-DD14-1403. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.
A. Federal Agency Name:
Centers for Disease Control and Prevention (CDC)
B. Funding Opportunity Title:
Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through National Partnerships
C. Announcement Type: New—Type 1
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf .
D. Agency Funding Opportunity Number:
CDC-RFA-DD14-1403
E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.073 Birth Defects - Prevention and Surveillance
F. Dates:
1. Letter of Intent (LOI) Deadline: April 22, 2014 (optional)
2. Application Deadline: May 13, 2014, 11:59 p.m. U.S. Eastern Time, on www.grants.gov
3. Information for potential applicants: An informational call for potential applicants will take place April 15, 2014 at 1:00 p.m. U.S. Eastern Time, Toll-Free: 888-553-2853, Participant Passcode: 7667918. Additional resources, including slides for information call, Q&As, etc. can be found at www.cdc.gov/ncbddd/fasd/FY2014FOAs/resources .
G. Executive Summary:
1. Summary Paragraph:
Prenatal alcohol use is a leading preventable cause of birth defects and developmental disabilities. The term fetal alcohol spectrum disorders (FASDs) is used to define the range of physical, mental, behavioral, and/or learning disabilities that can result from prenatal alcohol

exposure. FASDs are completely preventable if a woman does not drink alcohol during pregnancy. While significant accomplishments have been made to reach health care providers by the current CDC-funded FASD Regional Training Centers (RTCs), much work remains to be done. In July 2013, an external peer review of the FASD RTCs was conducted and the need for these Centers was reaffirmed. However, the review stressed the need for more collaboration with medical societies and national partners to broaden the reach of the RTCs. Such collaboration could provide opportunities to focus on discipline-specific trainings, emphasize primary prevention of FASDs and to promote practice and system level changes among their members. Thus, this FOA focuses on linking the work of the newly designed FASD Practice and Implementation Centers (PICs) to two types of organizations. The first type (Component 1) includes organizations that are national in scope with state and local chapters whose primary purpose is to help practicing professionals (e.g., pediatricians, obstetricians and gynecologists, nurses, family practitioners, internists, social workers, etc.) stay current in their fields. The second type of organization (Component 2) includes organizations who have a primary mission or focus on FASDs and who have national reach through an existing network of member organizations focusing on FASDs at the state and/or local levels. Working through these two types of organizations will help ensure that prevention and health messages are accurate and readily adopted by practitioners, the media, and the public. This announcement reflects the need for national coverage, stronger linkages between the CDC-funded FASD PICs and these crucial organizations, and an increased emphasis on demonstrable practice change. CDC is announcing the availability of funds to support a multi-faceted approach to enhance FASD training, provider education and practice change and complements CDC-RFA-DD14-1402, which will fund FASD Practice and Implementation Centers (PICs).

a. Eligible Applicants: open competition
b. FOA Type: cooperative agreement
c. Approximate Number of Awards: up to 5 (Component 1, up to 4; Component 2, up to 2)
d. Total Project Period Funding: \$5,000,000 over 4 years
e. Average One Year Award Amount: \$250,000
f. Number of Years of Award: 4
g. Approximate Date When Awards will be Announced: September 30, 2014
h. Cost Sharing and /or Matching Requirements: N/A

Part II. Full Text

A. Funding Opportunity Description

1. Background

Prenatal alcohol use is a leading preventable cause of a range of birth defects and developmental disabilities. The term fetal alcohol spectrum disorders (FASDs) is used to define the spectrum of physical, mental, behavioral, and/or learning disabilities that can result from prenatal alcohol exposure. The most commonly known condition, fetal alcohol syndrome (FAS), is one of the most complex outcomes of drinking alcohol during pregnancy and is characterized by facial malformations, growth deficits, and neurodevelopmental problems. FASDs are completely preventable if a woman does not drink during pregnancy.

As part of the fiscal year 2002 appropriations funding legislation, the U.S. Congress mandated that CDC, acting through the National Center on Birth Defects and Developmental Disabilities (NCBDDD), in coordination with the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFAS/FAE), other federally funded FAS programs, and appropriate nongovernmental organizations (NGOs), would: 1) develop guidelines for the diagnosis of FAS and other negative birth outcomes resulting from prenatal exposure to alcohol; 2) incorporate these guidelines into curricula for medical and allied health students and practitioners, and seek to have them fully recognized by professional organizations and accrediting boards; and 3) disseminate curricula to and provide training for medical and allied health students and practitioners regarding these guidelines.

As part of CDC's response to this mandate, a total of seven Fetal Alcohol Spectrum Disorders (FASD) Regional Training Centers (RTCs) have been established since 2002 to train medical and allied health students and practitioners in the prevention, identification, and treatment of FASDs. The FASD RTCs have developed and implemented ongoing FASD training programs and courses throughout their regions reaching medical and allied health students and practitioners. For more information regarding areas served by the currently funded RTCs and the core competencies upon which the trainings are based, please refer to <http://www.cdc.gov/ncbddd/fasd/training.html#RTCs>.

a. Statutory Authorities:

This program is authorized under sections 301 [42 USC 241], 317(k)(2), and 317C of the Public Health Service Act, [42 U.S.C. Sections 247b(k)(2) and 247b-4], as amended.

b. Healthy People 2020:

This program addresses the [Healthy People 2020 focus area of Maternal, Infant, and Child Health](#). The specific objectives addressed include MICH-11.1, increase abstinence from alcohol among pregnant women from 89.4% to 98.3%; MICH-11.2, increase abstinence from binge drinking among pregnant women from 95% to 100%; MICH-16.4, increase the proportion of women delivering a live birth who did not drink alcohol prior to pregnancy from 51.3% to 56.4%; and MICH-25, reduce the occurrence of fetal alcohol syndrome (FAS).

c. Other National Public Health Priorities and Strategies:

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center on Birth Defects and Developmental Disabilities: 1) to prevent alcohol-exposed pregnancy among reproductive age women; and 2) to prevent fetal alcohol syndrome and other adverse effects of prenatal alcohol exposure.

d. Relevant Work:

CDC has previously funded and worked with medical societies (i.e., American Congress of Obstetricians and Gynecologists and the American Academy of Pediatrics), partner organizations (National Organization on Fetal Alcohol Syndrome (NOFAS)), and university-based Fetal Alcohol Spectrum Disorders Regional Training Centers (FASD RTCs). These organizations have focused work on issues involving alcohol education and medical practice, prevention of alcohol-exposed pregnancies, and identification and treatment of individuals with FASDs. NOFAS has developed an array of resources and materials for providers, families, individuals, researchers and the public around FASD issues. CDC has also funded FASD Regional Training Centers since 2002, and in 2012 awarded funds for pilot projects to the FASD Regional Training Centers to implement alcohol screening and brief intervention (SBI) into primary care settings. For more information on the Regional Training Centers visit: <http://www.cdc.gov/ncbddd/fasd/training.html>.

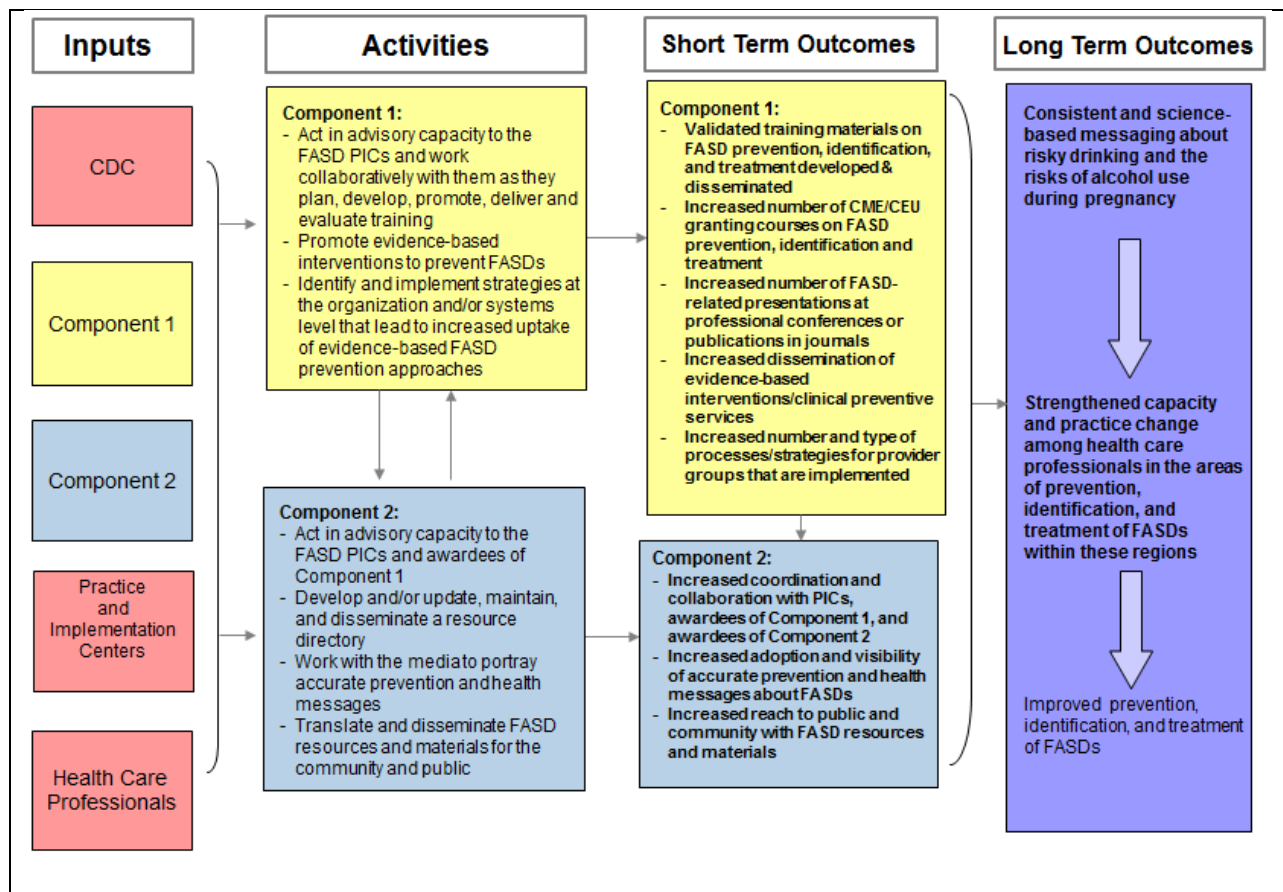
The programmatic work of this FOA also complements other CDC programs, including expanding the reach of [CHOICES](#), an evidence-based program focused on working with women of reproductive age who are drinking at risky levels and using inadequate contraception to change these behaviors.

This FOA is intended to complement these efforts and to specifically align activities with a corresponding FOA (CDC-RFA-DD14-1402) that is being announced congruently with CDC-RFA-DD14-1403.

2. CDC Project Description

a. Approach:

This logic model provides a visual depiction of the way in which CDC envisions this program to operate. The awardees will be expected to achieve all the short term outcomes and two of the long term outcomes during the project period, as noted in the logic model by bolded font.



i. Problem Statement:

Prenatal alcohol use is the cause of a range of birth defects and developmental disabilities, collectively known as fetal alcohol spectrum disorders (FASDs). This term is used to define the spectrum of physical, mental, behavioral, and/or learning disabilities that can result from prenatal alcohol exposure. The most commonly known condition, fetal alcohol syndrome (FAS), is one of the most complex outcomes of drinking alcohol during pregnancy and is characterized by facial malformations, growth deficits, and neurodevelopmental problems. FASDs are completely preventable if a woman does not drink alcohol during pregnancy. However, recent data indicate that one in 13 pregnant women reports alcohol use and one in 71 pregnant women reports binge drinking in the past month. More than half of all women of childbearing age report some alcohol use and one in seven reports binge drinking in the past month. Many of these women are at risk for an alcohol-exposed pregnancy, even if they are not intending to become pregnant. In 2005, the U.S. Surgeon General re-issued a 1981 advisory that women who are pregnant or considering becoming pregnant should abstain from using alcohol. Health care professionals play a crucial role in identifying women at risk for an alcohol-exposed pregnancy and in identifying effects of prenatal alcohol exposure in individuals. However, despite the data regarding alcohol consumption among women of childbearing age and the prevalence of FAS/FASDs, screening for alcohol use among female patients of childbearing age and diagnosis of conditions along the FASD continuum are not yet routine standards of care.

ii. Purpose:
<p>This is a new program with an overall goal of strengthening strategic partnerships with key national medical societies, professional organizations and constituent groups. It is designed to support two crucial components of a multi-faceted approach to enhance FASD training, provider education and practice change and complements CDC-RFA-DD14-1402, which will fund FASD Practice and Implementation Centers (PICs). Component 1 of this FOA focuses on: a) supporting strategies to improve delivery of care related to FASDs; b) promoting training opportunities for health care professionals related to the prevention, identification and treatment of FASDs, including alcohol-related issues; c) creating change around Maintenance of Certification and other continuing educational requirements for provider groups to include FASD training; d) developing, integrating and disseminating content and messaging related to the prevention, identification and treatment of FASDs; and e) fostering collaboration among medical organizations and CDC-funded FASD Practice and Implementation Centers to create complementary products, messages and approaches that resonate with various groups. Relationships with medical societies and national professional organizations are necessary to help translate training and support materials, to disseminate these materials widely, and ultimately result in practice change. Component 2, which is designed for national partner organizations knowledgeable and engaged in FASD efforts focuses on: a) increasing coordination and collaboration across training efforts led by CDC's FASD Practice and Implementation Centers (CDC-RFA-DD14-1402); b) ensuring that messages about FASDs are scientifically accurate and consistent with the unique perspectives of families and individuals affected by FASDs; and c) increasing the availability and reach of community-level FASD resources and materials.</p>
iii. Outcomes:
<p>Recipients of this award are expected to demonstrate measurable progress toward addressing short term outcomes depicted in the logic model.</p> <p>Component 1:</p> <ol style="list-style-type: none"> 1) Validated training materials on FASD prevention, identification, and treatment developed and disseminated. 2) Increased number of CME/CEU granting courses on FASD prevention, identification and treatment. 3) Increased number of FASD-related presentations at professional conferences or articles in journals. 4) Increased dissemination of evidence-based interventions to prevent FASDs. 5) Increased number and type of strategies for provider groups that are implemented. <p>Component 2</p> <ol style="list-style-type: none"> 1) Increased coordination and collaboration with PICs, awardees of Component 1, and awardees of Component 2. 2) Increased adoption and visibility of accurate prevention and health messages about

FASDs.

- 3) Increased reach to the public and community with FASD resources and materials.

Long term outcome: Awardees of both Components 1 and 2 will work collaboratively with CDC on the development and implementation of a national plan to disseminate culturally competent messages, materials and approaches on FASD prevention, identification, and treatment.

iv. Funding Strategy:

Each component will be offered the same funding range. Institutions may only submit one application under this FOA, either for Component 1 or Component 2.

v. Strategies and Activities:

Awardees of CDC-RFA-DD14-1403 will work collaboratively with CDC and awardees of CDC-RFA-DD14-1402 (FASD Practice and Implementation Centers, PICs) on a number of activities.

Component 1:

In Year 1:

1. Act on behalf of their national constituency to work collaboratively with the FASD PICs as the PICs plan, develop, promote, deliver and evaluate training.
 - In collaboration with FASD PICs, perform an assessment of what resources currently exist and what trainings are available to professionals
 - Working with CDC and the FASD PICs, review all training materials pertinent to the organization's members and collaborate with awardees of Component 2 who will review training materials to assess the degree to which they address key concerns and needs of individuals and families affected by FASDs.
 - Work with appropriate PICs to tailor existing materials to their members as needed.
 - Work with PICs to identify numbers of active members in their targeted regions.
 - Work with PICs and others identified by CDC to identify at least one training champion and one practice champion in each region covered by the PIC.
 - Work with PICs and others identified by CDC to help populate the PIC Steering Committees that represent the diverse perspectives, knowledge and expertise of each region.
 - Work with CDC, PICs, and others identified by CDC to develop a national website that will serve as a central resource for training information about FASDs.
 - Work with CDC, PICs, and awardees of Component 2 to develop a strategy that will disseminate materials nationally through appropriate venues.
 - Work with CDC and other groups identified by CDC to develop an evaluation of enhanced training materials and approaches.

2. Promote evidence-based interventions related to FASDs.
 - Promote alcohol screening and brief intervention (SBI) as an effective and low-cost clinical intervention aimed at reducing alcohol-exposed pregnancies and other harms associated with risky alcohol use.
 - Explore opportunities to integrate CHOICES (another evidence-based intervention designed to prevent alcohol-exposed pregnancies) into clinical systems serving women at risk for an alcohol-exposed pregnancy.
 - Promote and disseminate evidence-based interventions for children and families living with FASDs, including those described at <http://www.cdc.gov/ncbddd/fasd/research-intervention.html>
 - Expand the concept of alcohol as a medical issue (rather than solely as a behavioral/addiction one) to health care professionals.
3. Identify and implement strategies at the organization and/or systems level that lead to increased uptake of evidence-based FASD prevention approaches.
 - Develop a plan tailored to provider type and organizational membership that will identify actionable strategies to be carried out over a 3 year period resulting in: a) development and dissemination of CME/CEU granting courses on FASD prevention, identification, and treatment; b) creation of strategies to make those courses widely available to active practitioners and medical residents; c) enhance change around maintenance of certification and other continuing educational requirements for provider groups to include FASD training; and d) exploration of practice-based enhancements/pilots that focus on increasing use of evidence-based interventions (e.g., alcohol SBI, CHOICES, and interventions for children and families living with FASDs) in clinical practice.

In Years 2 and beyond:

1. Implement plans developed in Year 1.
2. Work collaboratively with the FASD PICs to further develop, promote and deliver training opportunities for health care professionals related to the prevention, identification, and treatment of FASDs.
3. Integrate and disseminate content and messaging related to the prevention, identification, and treatment of FASDs at both the individual provider and the organizational level.
4. Create linkages across national, state and local professional societies/chapters and the FASD PICs. Examples of these linkages could include identification of and access to experts/speakers for training activities, co-branding of educational materials developed by the FASD PICs in consultation with the professional organizations, providing opportunities for PICs to present at national professional conferences, etc.

5. Develop, implement and evaluate strategies designed to increase awareness about FASD prevention, identification, and treatment, tailoring these strategies to national, state and local media approaches. These strategies may include communication tools and templates (e.g., press releases, fact sheets, briefing materials, awareness day materials) for state and local adaptation, developing media responses, and training specific individuals to work with the media.

Component 2:

In Year 1:

1. Act on behalf of their national constituency with the PICs, awardees of Component 1, and other medical societies and professional organizations to:
 - Represent the perspectives, concerns and priorities of individuals, families, and communities affected by FASDs.
 - Advise and assist the PICs as they plan, develop, deliver and evaluate training to ensure that the perspectives of individuals and families, including birth mothers, and communities affected by FASDs, are incorporated into training for practicing providers.
 - Work with PICs and awardees of Component 1 to identify resources and champions who will address individual and family needs in each region covered by the PIC.
 - Working with CDC and PIC awardees, collaborate with awardees of Component 1 to review training materials to assess the degree to which they address key concerns and needs of individuals and families affected by FASDs.
 - Work with PICs and others identified by CDC to help populate the PIC Steering Committees that represent the diverse perspectives, knowledge and expertise of each region.
 - Work with PICs and CDC to identify one or more individuals in each region who will represent the needs and interests of individuals and families affected by FASDs.
 - Work with CDC and other groups identified by CDC to develop an evaluation of enhanced training materials and approaches.
2. Develop and/or update, maintain, and disseminate an online resource directory.
 - Develop and/or update, maintain, and/or disseminate and promote an online resource directory of national- and state-level organizations that offer prevention, screening, diagnosis, and/or treatment services, including but not limited to, community resources and family support groups; diagnosis of conditions along the continuum of FASDs; prevention programs, including treatment for women; treatment services for individuals with FASDs; and statewide social services for both individuals with FASDs and their families.

- Work with CDC, the PICs, and awardees of Component 1, and others identified by CDC to create linkages to local resources.
3. Work with the media to portray accurate prevention and health messages.
 - Develop a media engagement plan that identifies key media outlets, individuals and strategies that when implemented will improve the accuracy and reach of messaging about alcohol use during pregnancy and FASDs.
 4. Translate and disseminate FASD resources and materials for the community and public
 - Develop a plan, including target audiences and methods, that focuses on how to translate FASD resources and materials for the community and public.

In Years 2 and beyond:

1. Act in an advisory capacity to the PICs, and awardees of Component 1 to:
 - Represent the perspectives, concerns and priorities of individuals, families, and communities affected by FASDs.
 - Advise and assist them as they plan, develop, deliver and evaluate training to ensure that the perspectives of individuals, and families, including birth mothers and communities affected by FASDs, are incorporated into training for practicing providers.
 - Work with PICs and awardees of Component 1 to identify resources and champions who will address individual and family needs in each region covered by the PIC.
 - Working with CDC and PIC awardees, collaborate with awardees of Component 1 to review training materials to assess the degree to which they address key concerns and needs of individuals and families affected by FASDs.
 - Continue to work with PICs and others identified by CDC through the PIC Steering Committees ensuring that the diverse perspectives, knowledge and expertise of individuals and families affected by FASDs are reflected in each region.
 - Continue to work with CDC and other groups identified by CDC to help implement an evaluation of enhanced training materials and approaches.
 - Based upon the plan developed in Year 1, work with appropriate PICs to tailor existing materials to address the needs of individuals and families affected by FASDs.
2. Update, maintain and disseminate an online resource directory.
 - Update, maintain, and/or disseminate and promote an online resource directory of national- and state-level organizations that offer prevention, screening,

diagnosis, and/or treatment services, including but not limited to, community resources and family support groups; diagnosis of fetal alcohol syndrome (FAS); prevention programs, including treatment for women; treatment services for individuals with FASDs; and statewide services.

- Work with CDC and others identified by CDC to create linkages to local resources.

3. Implement the media engagement plan developed in Year 1 to:

- Develop, implement and evaluate strategies designed to increase awareness about FASD prevention, identification and treatment tailoring these strategies to national, state and local media approaches. These strategies may include communication tools and templates (e.g., press releases, fact sheets, briefing materials, awareness day materials, use of social media) for state and local adaptation, developing specific media responses, and training specific individuals to work with the media.
- Work with the media to portray accurate prevention and health messages on alcohol use during pregnancy and FASDs.
- Develop strategies to improve prevention and health messages conveyed in the media about alcohol use during pregnancy and FASDs. This could include conducting ongoing monitoring of various media channels (e.g., print and electronic media) to assess coverage of issues related to the risks of alcohol use during pregnancy and FASDs, working with CDC and other partners to respond in a timely manner to media stories that portray inaccurate health information pertaining to alcohol use during pregnancy and FASDs, and developing and implementing a proactive approach to pitching media stories related to alcohol use during pregnancy and FASDs to raise visibility of this public health issue.

4. Implement the plan developed in Year 1 that describes how to translate and disseminate FASD resources and materials for the community and public.

- Working closely with PICs and awardees of Component 1, develop and/or tailor materials that are appropriate for the community and public.
- Identify approaches to assess the appropriateness and usefulness of materials within the context of the community.
- Translate and disseminate FASD resources and materials for the community and public.
- Disseminate FASD educational resources through a national network of organizations that focus on FASD prevention and intervention, including the FAS Guidelines for Referral and Diagnosis, K-12 FASD Prevention & Education Curriculum, Making a Difference: FASD Public Awareness Guide), and recommendations put forth by the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect.

- Translate FASD resources and materials into products that are culturally appropriate and responsive to the needs of the community and public. Facilitate information exchange and problem solving among organizations involved in FASD prevention and intervention by serving as a national resource and information center and building and/or expanding ongoing communication vehicles (e.g., Website, listservs, newsletters, conference calls, partner meetings).
- Implement strategies to promote sharing of resources, skills, expertise, and lessons learned to enable network organizations and other stakeholders to improve the delivery, effectiveness, and sustainability of their programs. This might include regularly providing network organizations and other stakeholders with a listing of public and private funding opportunities, working collaboratively to maximize the impact of existing resources, and/or awarding small, community-based grants to organizations that are implementing and evaluating programs aimed at preventing FASDs or improving the health, wellness, and quality of life of people living with FASDs.

1. Collaborations –

a. With CDC funded programs:

Awardees will be required to collaborate with each other and with the FASD Practice and Implementation Centers who will be funded under CDC-RFA-DD14-1402 and with programs currently implementing alcohol screening and brief intervention and CHOICES in tribal settings under CDC-RFA-DD13-1301, <http://www.grants.gov/web/grants/search-grants.html?keywords=cdc-rfa-dd13-1301> (click on ARCHIVE to view FOA). Letters of support, memorandum of understanding, and memorandum of agreement are not required for these collaborations.

Expectations of collaborations with CDC and other awardees include, but are not limited to:

- Participate in regular conference calls, listserv discussions, and other forms of communication to provide program updates, share information and materials, and plan activities collaboratively.
- Work with CDC-funded contract evaluator to develop and implement an evaluation strategy.
- Attend annual, two-day awardee meeting in Atlanta to be coordinated by CDC. In Year 1, it is anticipated that up to 3 face-to-face meetings in Atlanta will be convened for planning purposes. All travel expenses should be included in proposed budget.
- Participate in workgroup activities, as appropriate.

b. With organizations external to CDC:

Though optional, awardees should consider collaborating with the Substance Abuse and Mental

Health Services Administration (SAMHSA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), Health Resources & Services Administration (HRSA), and Indian Health Service (IHS), all have unique experience and expertise in this area. Applicants are also encouraged to work with other medical societies, professional organizations, and other local and regional partners, as appropriate. Though collaboration with these organizations is not required, it is highly encouraged. Please provide letters of support, memorandum of understanding, and/or memorandum of agreement where applicable.

2. Target Populations:

Component 1: Each applicant for Component 1 must target a specific professional specialty (e.g., pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.) on a national scale.

Component 2: Each applicant for Component 2 must target individuals, families, and communities affected by FASDs and/or who have an interest in FASDs on a national and regional/local scale.

Inclusion:

The efforts of this FOA will ultimately impact women of childbearing age and children and families affected by FASDs.

b. Evaluation and Performance Measurement:

1. CDC Evaluation and Performance Measurement Strategy:

The CDC strategy for monitoring and evaluating program and awardee performance will include several activities, using both process and outcome evaluation, and will be consistent with the logic model and approach presented earlier. Evaluation findings will be used to inform program planning and collaborative models used in the prevention of FASDs.

CDC and the awardees of both Component 1 and Component 2 will work together with an evaluation contractor identified and funded by CDC to: 1) develop an evaluation plan to evaluate and measure individual and collective efforts during the project period; and 2) to track and assess outputs and outcomes of the program as a whole. The Year 1 planning phase will be a critical time for awardees to design their own detailed evaluation plans that will capture unique aspects of the work they plan to accomplish and to identify and develop any additional output and outcome measures deemed appropriate.

As noted in the logic model, the awardees will be expected to achieve all short term outcomes and two of the long term outcomes during the project period. Key evaluation questions, along with required measures to be answered are provided below. Applicants are encouraged to develop additional measures where they deem applicable.

Recipients of awards for Component 1

Key Evaluation Question 1: Did the awardee act in an advisory capacity to the PICs and collaborate with them in planning and dissemination efforts?

Related Outcomes:

1. Validated training materials on FASD prevention, identification, and treatment developed and disseminated.
2. Increased number of CME/CEU granting courses on FASD prevention, identification, and treatment.

Required Measures Year 1

- a. Development of training programs in collaboration with PICs:
 - Current available resources and trainings reported
 - # of training programs developed
 - # of FASD core competencies addressed by specialty
- b. Establishment of baseline and targets for constituents, both nationally and regionally:
 - # of constituents nationally
 - # of constituents regionally
 - Target percentage of constituents to be trained nationally
 - Target percentage of constituents to be trained regionally
- c. Promotion of trainings to constituents, both nationally and regionally:
 - # and type of strategies developed for regional approaches
 - # and type of strategies developed for national approaches
- d. Delivery of trainings to constituents:
 - # and type of training delivery approaches
 - # and type of incentives

Required Measures Year 2 (and beyond)

- a. Development of training programs in collaboration with PICs:
 - # of training programs delivered
 - Time spent per FASD core competency by specialty
- b. Promotion of trainings to constituents, both nationally and regionally:
 - # and type of strategies implemented for regional approaches
 - # and type of strategies implemented for national approaches

- c. Delivery of trainings to constituents:
 - # and type of training delivery approaches
 - # and type of incentives
 - # of CME/CEU credits awarded by provider type
- d. Evaluation strategies addressing impact of training on practitioners
 - # and types of evaluation strategies to assess reach
 - # and types of evaluation strategies to assess practice change or enhancement
 - Documentation of progress related to evaluation strategies employed
 - # of practitioners trained to serve as spokesperson on FASDs

Key Evaluation Question 2: Has the knowledge about and use of evidence-based interventions/clinical preventive services among its constituents increased?

Related Outcomes:

1. Increased number of FASD-related presentations at professional conferences or publications in journals.
2. Increased dissemination of evidence-based interventions/clinical preventive services
3. Increased adoption of evidence-based interventions/clinical preventive services

Required Measures Year 1

Strategies developed:

- # and type of strategy developed
- # and type of evidence-based intervention addressed (alcohol SBI, CHOICES, interventions for children and families living with FASDs)

Required Measures Year 2 (and beyond)

- a. Strategies employed
 - # and type of strategy employed
 - # and type of evidence-based intervention addressed (alcohol SBI, CHOICES, interventions for children and families living with FASDs)
- b. Reach of strategy (e.g. pilot setting, regionally, nationally, etc.)
 - # of constituents reached (practitioners, practices, etc.)

- # and type of evidence-based interventions employed in practices
- Documentation of facilitators and barriers associated with the strategy

Key Evaluation Question 3: **What system-level processes or strategies have been developed to support adoption of evidence-based approaches/clinical preventive services?**

Related Outcomes:

1. Increased number and type of processes/strategies for provider groups that are implemented.

Required Measures Year 1

- a. Identify processes/strategies
- b. # of processes/strategies developed

Required Measures Year 2 (and beyond)

- a. # of processes/strategies implemented
- b. Scope of implementation reported (e.g. within individual practices, systems of care, regionally, nationally, etc.)
- c. Documentation of facilitators and barriers associated with the strategy employed

Recipients of awards for Component 2

Key Evaluation Question 1: **Did the awardee act in an advisory capacity to the PICs and recipients of Component 1 and collaborate with them in planning and dissemination efforts?**

Related Outcomes:

1. Increased coordination and collaboration between PICs, awardees of Component 1, and awardees of Component 2.

Required Measures Year 1

- a. Trainings developed by PICs, in collaboration with Component 1 organizations, represent the perspectives, concerns, and priorities of individuals, families, and communities affected by FASDs when applicable.
 - # hours consulted on development of relevant training courses
- b. Online Resources and champions for each region that can enhance FASD prevention,

identification, and treatment through health care delivery

- # and type of champions identified (e.g. professionals, parent/caregiver, birth mother, person with an FASD, etc.)
- # and type of online resources identified to serve as referral sources for health care providers
- # and type of innovative approaches designed to enhance local capacity to collaborate with their region's PIC and partners

c. Participation on PIC Steering Committees

- # of individuals on PIC Steering Committees
- # of PIC Steering Committee meetings attended/calls participated in

Required Measures Year 2 (and beyond)

a. Resources and champions for each region

- # and type of champions (e.g. parent/caregiver, birth mother, person with an FASD, etc.)
- # and type of resources identified to serve as referral sources for health care providers
- # and type of innovative approaches designed to enhance local capacity to collaborate with their region's PIC and partners

b. Participation on PIC Steering Committees

- # of individuals on PIC Steering Committees
- # of PIC Steering Committee meetings attended/calls participated in

c. Evaluation of how relevant training materials reflect perspectives of individuals, families, and communities affected by FASDs

- Criteria used to assess appropriateness of materials
- Description of how criteria were applied to existing and newly developed materials

Key Evaluation Question 2: **Are accurate messages regarding the prevention, identification, and treatment of FASDs more prevalent in the media?**

Related Outcomes:

1. Increased adoption and visibility of accurate prevention and health messages about FASDs

Required Measures Year 1

- a. Awardee's input/responses to media regarding messages related to FASDs
 - # of media mentions of prevention messages or messages about FASDs (by type of media)
 - # of messages with accurate vs. # with inaccurate messaging
 - # of messages with input prior to messages/ # messages responded to and by whom
 - Reach of messages – geographic, readership/listenership
- b. Awardee's proactive approach to inclusion of FASD-related messaging in various types of media
 - # of pitches to media outlets
 - # of FASD-related media portrayals produced as a result of awardee's collaboration with media outlets
 - Reach of messages – geographic, readership/listenership

Required Measures Year 2 (and beyond)

- a. Awardee's input/responses to media regarding messages related to FASDs
 - # of media mentions of prevention messages or messages about FASDs (by type of media)
 - # of messages with accurate vs. # with inaccurate messaging
 - # of messages with input prior to messages/ # messages responded to and by whom
 - Reach of messages – geographic, readership/listenership
- b. Awardee's proactive approach to inclusion of FASD-related messaging in various types of media
 - # of pitches to media outlets
 - # of FASD-related media portrayals produced as a result of awardee's collaboration with media outlets
 - Reach of messages – geographic, readership/listenership

Key Evaluation Question 3: **Is there an increased availability of FASD resources and materials available to the public and provider communities?**

Related Outcomes:

1. Increased reach to public and community with FASD resources and materials

Required Measures Year 1

- a. Online resource directory is developed and/or updated, maintained and disseminated
 - # of resources by state/region
 - # reached through dissemination methods
 - # of requests for the directory
- b. FASD-related resources are disseminated
 - # of materials disseminated by state/region
 - # reached through dissemination methods
 - # of requests for materials
 - # of information requests/public inquiries received
 - # of information requests/public inquiry responses provided
 - # and type of innovative approaches designed to enhance local capacity to disseminate FASD-related resources

Required Measures Year 2 (and beyond)

- a. Online resource directory is updated, maintained and disseminated
 - # of resources by state/region
 - # reached through dissemination methods
 - # of requests for the directory
- b. FASD-related resources are disseminated
 - # of materials disseminated by state/region
 - # reached through dissemination methods
 - # of requests for materials
 - # of information requests/public inquiries received
 - # of information requests/public inquiry responses provided
 - # and type of innovative approaches designed to enhance local capacity to disseminate FASD-related resources
 - User feedback on benefits of FASD-related resources documented

Overall, the evaluation and performance measurement strategy will be closely aligned with the project period outcomes described in the logic model and require the awardees to collect both process and outcome data on an annual basis, at a minimum. Data sources might include surveys conducted by awardees of Component 1 of their active membership, geographic tracking of where trainees practice, 3- and/or 6-month follow up assessments with health care professionals who have been exposed to a specific clinic-based training and skill-building and/or practice implementation effort. Awardees of Component 2 may use data from traditional and

social media to track numbers and types of messages about FASDs and prevention, web traffic data to track usage of the online resource directory and other online resources, and qualitative data sources such as interviews with recipients of FASD-related resources, information, and materials; users of the online resource directory; and local chapters to assess benefit of resources, information, materials, and capacity-building resources received.

Findings from the evaluation and performance measurement strategy will encourage continuous program improvement and determine whether the program inputs are appropriate for achieving the desired outputs and outcomes, whether the program is effectively reaching the target audiences, and other methods of assessing program effectiveness. Evaluation findings and performance measures across awardee sites will be shared and disseminated by CDC.

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants must provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities in their program strategies and achieve their selected outcomes. Applicants will have already developed measureable objectives in the work plan described below. In this section the applicant will refine these into performance measures and add details of any additional evaluation to be completed.

At a minimum the plans for applicants for both components must:

- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe the type of evaluations (i.e. process, outcome, or both) to be conducted.
- Describe key evaluation questions. Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness base.

c. Organizational Capacity of Awardees to Execute the Approach:

Applicants to both Component 1 and Component 2 must demonstrate the capacity to conduct all of the following activities to successfully implement the strategies and activities outlined in this FOA: program and performance management, evaluation,

performance monitoring, financial reporting, management of travel requirements, development of staffing plans, workforce development and training, and development of a sustainability plan. Applicants also must be fully capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with 45 CFR Part 74 or 92, as applicable. In addition, applicants must demonstrate their experience/knowledge of FASDs and prevention efforts.

Each applicant will identify whether they are applying for funding under Component 1 or Component 2.

Component 1: Applicants must further identify the professional specialty (**e.g., pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.**) that their organization has within its mission the capacity to cover on a national basis. To achieve solid national coverage, the organization should have regional or state offices or chapters and demonstrate how these chapters work together to reach members across the nation. In order to ensure complete national coverage of all needed professional specialties, only one organization, per professional specialty, will be selected for funding under this FOA.

Component 2: Organizations who are applying under Component 2 must (1) demonstrate that their organizational mission, goals, and activities focus on FASDs, are consistent with national FASD prevention and intervention priorities and recommendations, and include an existing network of member organizations, and (2) provide evidence of relevant FASD-related national- and state-level experience, leadership, capacity, and infrastructure (resources, access to a national network of organizations devoted to FASDs, facilities, and technical and administrative systems) to successfully conduct proposed activities.

Each applicant should provide its organization's mission statement as well as copies of appropriate existing MOUs/MOAs to demonstrate current collaborations and existing capacity.

d. Work Plan:

Applicant must submit a detailed work plan for Year 01 of the award and provide a general summary of work plan activities for Years 02-04 in narrative form. The work plan should align with the logic model and describe how the applicant plans to implement all of the required activities to achieve FOA outcomes. The work plan should not exceed 7 pages.

The work plan must, at a minimum, include:

- Activities and timelines to support achievement of FOA outcomes. These activities must be in alignment with the FOA logic model and should have appropriate performance measures or milestones for accomplishing tasks.
- Measureable objectives and target populations should also be included.
- Staff and administrative roles and functions to support implementation of the award. Specify management and leadership positions and qualifications for those roles.
- Administration and assessment processes to ensure successful implementation and quality assurance.

See sample work plan below for an example framework:

Expected Outcome(s) for the Project Period					
•					
Activity	Performance Measure(s)	Data Source(s)	Person Responsible	Timeframe	Activity Completion Date
Expected Outcome(s) for the Project Period					
•					
Activity	Performance Measure(s)	Data Source(s)	Person Responsible	Timeframe	Activity Completion Date

e. CDC Monitoring and Accountability Approach:

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual (AAGAM)* specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the

<p>intent of the award.</p> <ul style="list-style-type: none"> • Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes. • Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets. • Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels. <p>*Beginning 10/01/2014, AAGAM will be replaced with GPAM.</p>
<p>f. CDC Program Support to Awardees:</p> <p>In a cooperative agreement, CDC and awardees share responsibility for successfully implementing the award and meeting identified outcomes. The following are areas in which CDC staff member will have substantial involvement:</p> <p>i. Technical Assistance:</p> <ol style="list-style-type: none"> 1. In conjunction with an evaluation contractor identified and funded by CDC, work with awardees to develop cross-site evaluation plan and awardee specific evaluation plan. 2. Assist awardees in monitoring program evaluation/performance, setting and meeting objectives, implementation methods, and complying with cooperative agreement requirements and other funding issues, through various methods including telephone consultation, site visits, and site visit reports. 3. Provide training and technical assistance to the funded organization(s) on how to use existing and/or new materials within their selected settings. <p>ii. Information sharing between Awardees</p> <ol style="list-style-type: none"> 1. Coordinate an annual, two-day awardee meeting in Atlanta, to be coordinated by CDC. In Year 1 it is anticipated that up to 3 face-to-face meetings in Atlanta will be convened for planning purposes. All travel expenses should be included in proposed budget. In planning and convening these meetings, CDC will follow policies for conference and meeting approvals. 2. Convene regular conference calls and other forms of communication and opportunities for awardees of CDC-RFA-DD14-1402 and CDC-RFA-DD14-1403 to share information and materials. 3. Collect and disseminate evaluation findings across awardee sites.

B. Award Information

1. Type of Award: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.

2. Award Mechanism: U84 Cooperative Agreements for Fetal Alcohol Syndrome Prevention Research Programs

3. Fiscal Year: 2014

4. Approximate Total Fiscal Year Funding: \$1,250,000

5. Approximate Total Project Period Funding: \$5,000,000 over 4 years

6. Total Project Period Length: 4 years

7. Approximate Number of Awards: up to 5 (Component 1, up to 4; Component 2, up to 2)

8. Approximate Average Award: \$250,000 This amount is for the first 12-month budget period to include both direct and/or indirect costs

9. Floor of Individual Award Range: \$200,000. This amount is subject to the availability of funds.

10. Ceiling of Individual Award Range: \$250,000. This amount is subject to the availability of funds.

11. Anticipated Award Date: September 30, 2014

12. Budget Period Length: 12 months

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance:

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants:

Government Organizations:

- State or their bona fide agents (includes the District of Columbia)
- Local governments or their bona fide agents
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands,

<p>American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)</p> <ul style="list-style-type: none"> • State controlled institutions of higher education • American Indian or Alaska Native tribal governments (federally recognized or state-recognized) • Public Housing Authorities/Indian Housing Authorities <p>Non-government Organizations:</p> <ul style="list-style-type: none"> • American Indian or Alaska native tribally designated organizations • Nonprofit with 501C3 IRS status (other than institution of higher education) • Nonprofit without 501C3 IRS status (other than institution of higher education) <p>Private colleges and universities</p> <p>Community-based organizations</p> <p>Faith-based organizations</p> <p>For-profit organizations (other than small business)</p> <p>Small businesses</p>
2. Special Eligibility Requirements:
<p>Each applicant will identify whether they are applying for funding under Component 1 or Component 2. Institutions may only submit one application under this FOA, for either Component 1 or Component 2.</p> <p>Component 1: Applicants must further identify the professional specialty (e.g., pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.) that their organization has within its mission the capacity to cover on a national basis. To achieve solid national coverage, the organization should have regional or state offices or chapters and demonstrate how these chapters work together to reach members across the nation. Documentation of the organization's mission statement, structure and its processes for ensuring that local, state and national members' needs are addressed should be provided in the organization's proposal.</p> <p>Component 2: Organizations who are applying under Component 2 must provide a copy of their mission statement reflecting that their work and priorities focus on FASDs. This information should be provided in the organization's proposal.</p>
3. Justification for Less than Maximum Competition:
N/A
4. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort:

Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:

<http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf> .

1. Required Registrations: An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

- a. Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

- b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. Grants.gov:** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

2. Request Application Package: Applicants may access the application package at www.grants.gov.

<p>3. Application Package: Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.</p>
<p>4. Submission Dates and Times: If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.</p>
<p>a. Letter of Intent (LOI) Deadline (must be emailed or postmarked by): April 22, 2014</p>
<p>b. Application Deadline: May 13, 2014, 11:59 p.m. U.S. Eastern Time, at www.grants.gov</p> <p>c. Information for potential applicants: An informational call for potential applicants will take place April 15, 2014 at 1:00 p.m. U.S. Eastern Time, Toll-Free: 888-553-2853, Participant Passcode: 7667918. Additional resources, including slides for information call, Q&As, etc. can be found at www.cdc.gov/ncbddd/fasd/FY2014FOAs/resources.</p>
<p>5. CDC Assurances and Certifications: All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.</p> <p>Applicants may follow either of the following processes:</p> <ul style="list-style-type: none"> • Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov • Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantsassurances/Homepage.aspx <p>Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.</p>
<p>6. Content and Form of Application Submission: Applicants are required to include all of the following documents with their application package at www.grants.gov.</p>
<p>7. Letter of Intent (LOI):</p> <p>Prospective applicants are <u>requested</u>, although it is not <u>required</u>, to submit a LOI. The LOI will not be scored or used to eliminate potential applicants, but it will enable CDC to determine the level of interest and plan the review more efficiently. The LOI should include the following information:</p> <p>Descriptive title of proposed project:</p> <ul style="list-style-type: none"> • Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both • Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application • Number and title of this FOA • Other:

Identify whether applying under Component 1 or Component 2. If applying under Component 1 please also identify which professional specialty your organization has within its mission the capacity to cover on a national basis.

LOI may be sent via U.S. express mail, delivery service, fax, or email to:

Nancy Cheal, Project Officer
CDC, NCBDDD
USPS Mail To:
1600 Clifton Road, M/S E-86
Atlanta, GA 30333

Physical Address/Private Courier:
1825 Century Boulevard, Atlanta, GA 30345

Telephone: (404) 498-6764
Fax: (404) 498-3550
Email: ncheal@cdc.gov

8. Table of Contents: (Not included in Project Narrative limit)

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at www.grants.gov.

9. Project Abstract Summary: (Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the “Project Abstract Summary” text box at www.grants.gov.

10. Project Narrative: Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 25 pages will not be considered. 25 page limit includes the work plan. Applicants may only apply for Component 1 or 2, not both and should designate for which component they are applying.

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

- a. **Background:** Applicants must provide a description of relevant background information that includes the context of the problem. (See CDC Background.)

b. Approach

- i. Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)
- ii. Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.
- iii. Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the CDC Project Description.)

In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

- iv. Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide¹ (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

- 1. Collaborations:** Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

- 2. Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.

Inclusion: Applicant must describe the ways in which the efforts of this FOA will ultimately impact women of reproductive age and children and families affected by FASDs.

¹ <http://www.thecommunityguide.org/index.html>

- c. Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach:

Applicant must address the organizational capacity requirements as described in the CDC Project Description:

For Component 1 - applicant must have the organizational capacity and mission to target a specific professional specialty (e.g., pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.) on a national and regional or state level. Applicant must provide documentation of the organization's mission statement, structure and its processes for ensuring that local, state and national members' needs are addressed.

For Component 2 - applicant must have a primary focus on FASDs and have national reach through an existing network of member organizations focusing on FASDs at the state and/or local levels. Applicant must provide a copy of their mission statement reflecting that their work and priorities focus on FASDs and must document their

structure and processes for ensuring that local, state and national members' needs are addressed.

For both components, applicant must supply CVs/resumes of staff and a staffing plan (including job descriptions, projected amount of time spent in role, qualifications for role, etc.) Applicant must also supply an overall organizational chart for their organization. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan: *(Included in the Project Narrative's 25 page limit)*

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative:

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total Direct costs
- Total Indirect costs
- Contractual costs

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:
<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://phaboard.org>). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-

date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are: <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>

<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>.

14. Health Insurance Marketplaces:

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit:

www.HealthCare.gov.

15. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

16. Funding Restrictions:

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Other Submission Requirements:

- a. **Electronic Submission:** Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File

formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

- b. Tracking Number:** Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.
- c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

- d. Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

If Grants.gov is inoperable and cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

- e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Application Review Information

1. Review and Selection Process: Applications will be reviewed in three phases.

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC National Center on Birth Defects and Developmental Disabilities and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review:

A review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

Approach: (45 points)

Evaluation criteria

- Does the applicant's problem statement describe how the applicant's response to the FOA will address the public health problem and support public health priorities? (10 points)
- Does the applicant's 2-3 sentence purpose describe specifically how their application will address the problem as described in the CDC Project Description?

(5 points)

- Does the applicant clearly identify strategies to reach their specified target populations? (5 points)
- Does the applicant describe the short-term outcomes for the project period? (5 points)
- Do the applicant's strategies and activities align with the logic model and provide a means to achieving the project period outcomes? (10 points)
- Does the applicant describe how they will collaborate with programs and organizations either internal or external to CDC (and provide letters of support, MOUs or MOAs when applicable)? (10 points)

Evaluation and Performance Management: (25 points)

Evaluation Criteria:

- Does the applicant describe how key program partners will be engaged in the evaluation and performance measurement planning process? (5 points)
- Does the applicant describe the type(s) of evaluation to be conducted and key evaluation questions to be answered? (5 points)
- Does the applicant describe required and any additional performance measures? (5 points)
- Does the applicant describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data? (5 points)
- Does the applicant describe how evaluation findings will be used for continuous program and quality improvement? (5 points)

Applicant's Organizational Capacity to Implement the Approach: (30 points)

Evaluation Criteria:

- Does the applicant demonstrate relevant experience and capacity (management, administrative and technical) to achieve the outcomes of project (including the organization's mission statement, structure, and its processes for ensuring that local, state and national members' needs are addressed as well as providing MOUs/MOAs when relevant)? (10 points)

For Component 1 - applicant must demonstrate the organizational capacity and mission to nationally target a specific professional specialty (e.g.,

pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.)

For Component 2 - applicant must demonstrate a primary focus on FASDs and must have national reach through an existing network of member organizations focusing on FASDs at the state and/or local levels.

- Does the applicant provide a staffing plan and project management structure that will be sufficient to meet the outcomes of the project and that clearly defines staff roles (and provides CVs/resumes and an organizational chart)? (10 points)
- Does the applicant provide a work plan that is consistent with the CDC Project Description Work Plan section, inclusive of plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement, including key milestones? (10 points)
- Does the applicant provide a detailed budget for the cooperative agreement? (Reviewed but not scored.)

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review:

Applications will be ranked separately by Component. Proposals for each of the component areas will be rank ordered and funding will follow the rank order.

The following additional factor also may affect the funding decision for Component 1: In order to ensure complete national coverage of all needed professional specialties, only the top rank ordered organization per professional specialty (e.g., pediatrics, obstetrics and gynecology, nursing, family practice, internal medicine, social work, etc.) will be selected for funding under this FOA.

2. Announcement and Anticipated Award Dates:

Successful applicants will be notified by September 30, 2014 via email by the CDC Procurement and Grants Office.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an

authorized GMO and e-mailed to the awardee program director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following Administrative Requirements (AR) apply to this project:

- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2012
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-20: Conference Support
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 CFR Section 3.908 to the award and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

For more information on the C.F.R., visit the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

3. Reporting
a. CDC Reporting Requirements:
<p>Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:</p> <ul style="list-style-type: none"> • Helps target support to awardees, particularly for cooperative agreements; • Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance; • Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and • Enables CDC to assess the overall effectiveness and influence of the FOA. <p>As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.</p>
b. Specific reporting requirements:
<p>i. Awardee Evaluation and Performance Measurement Plan: Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:</p> <ul style="list-style-type: none"> • Indicate the frequency that evaluation and performance data are to be collected. • Describe how data will be reported. • Describe how evaluation findings will be used to ensure continuous quality and program improvement. • Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit). • Describe dissemination channels and audiences (including public dissemination). • Describe other information requested and as determined by the CDC program. <p>When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: http://www.cdc.gov/eval/guide/index.htm</p>

- ii. **Annual Performance Report:** This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed. The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an Annual Federal Financial Report (FFR) SF 425 through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends.

This report must include the following:

- **Performance Measures** (including outcomes)—Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results**—Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan**—Awardees must update work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the work plan.
 - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**
 - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative—must use the format outlined in “Content and Form of Application Submission, Budget Narrative” section.
 - Indirect Cost-Rate Agreement.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative

justification for those activities.]

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

iv. Federal Financial Reporting (FFR): The annual FFR (SF 425) is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends.

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see:

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

Nancy Cheal, Project Officer
CDC, NCBDDD
USPS Mail To:
1600 Clifton Road, M/S E-86
Atlanta, GA 30333

Physical Address/Private Courier:
1825 Century Boulevard, Atlanta, GA 30345

Telephone: (404) 498-6764
Email: ncheal@cdc.gov

For **financial, awards management, or budget assistance**, contact:

Kenya Anderson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-09
Atlanta, GA 30341
Telephone: (770) 488-2487
Email: vfz6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services

CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

For more information on the CDC FASD program, see www.cdc.gov/fasd.

Following is a list of acceptable attachments that applicants can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission
- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Alcohol-Exposed Pregnancy (AEP): A pregnancy in which the unborn child was exposed to alcohol.

Alcohol Screening and Brief Intervention (alcohol SBI): Involves using a validated set of screening

questions to identify patients' drinking patterns and a short conversation with patients who are identified as drinking at risky levels.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

CDC Assurances and Certifications: Standard government-wide grant application forms.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CHOICES (Changing High-Risk Alcohol Use and Increasing Contraception Effectiveness Study): A program for women about choosing healthy behaviors to prevent alcohol-exposed pregnancies, developed by the Centers for Disease Control and prevention in collaboration with several university partners. The program's goal is to prevent AEPs among high-risk women through four counseling sessions using motivational interviewing techniques, as well as a visit with a birth control services provider.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).

Continuing Education Unit (CEU): A unit of credit for educational offerings given to professional persons, determined by a professional organization.

Continuing Medical Education (CME): Education that physicians are required to obtain in order to earn credits to retain their medical licenses.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award.

Cost Sharing or Matching: Refers to program costs not borne by the federal government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines.
<http://intranet.cdc.gov/ostlts/directassistance/index.html>.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evidence-based Interventions: Any kind of planned activity or group of activities (including programs, policies, and laws) designed to prevent disease or injury or promote health in a group of people, which have been shown to be effective through evaluation research.

Fetal Alcohol Spectrum Disorders (FASD): An umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. Effects include physical, mental, behavioral, and/or learning disabilities that may be life-long. The term FASD is not intended for use as a clinical diagnosis.

Fetal Alcohol Syndrome (FAS): A disorder resulting from the mother's heavy prenatal use of alcohol. It is characterized by abnormalities in three areas—growth retardation, neurobehavioral abnormalities, and specific facial characteristics. Confirmed alcohol use by the mother may or may not be documented.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single Web site at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" Web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Health Care Professionals: Individuals from any of several professional groups (e.g., pediatricians, obstetricians and gynecologists, nurses, family practitioners, internists, social workers, etc.) who provide direct health care services to individual clients or patients.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indian Health Service (IHS): The Federal health program for American Indians and Alaska Natives.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at

any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other nongovernment sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

New FOA: Any FOA that is not a continuation or supplemental award.

National Institute on Alcohol Abuse and Alcoholism (NIAAA): One of the 27 institutes and centers that comprise the National Institutes of Health (NIH). NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world.

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Practice and Implementation Center (PIC): Center, funded by CDC, to continue work carried out by former RTCs while advancing practice of key medical specialty groups. The PICs provide national coverage for FASD training and translation efforts on prevention, identification and treatment.

Program Strategies: Public health interventions or public health capabilities.

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

Regional Training Center (RTC): Center, funded by CDC, to develop, implement, and evaluate educational curricula regarding FASD prevention, identification, and care; and incorporate the curricula into the training programs at each awardee's university or college, into other schools throughout their regions, and into the credentialing requirements of professional boards.

Risky Drinking: Risky drinking (also referred to as excessive alcohol use or harmful use of alcohol) includes both binge drinking (consumption of 4 or more drinks for women per occasion or 5 or more drinks per occasion for men) and heavy consumption (more than 7 drinks per week for women and more than 14 drinks per week for men).

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations. *Black's Law Dictionary 2 Kent, Comma 450.*

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

Substance Abuse and Mental Health Services Administration (SAMHSA): Works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal

agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.